MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-013275
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3486

FILED APR 8 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1
4000 3
3
4 1
5 2
6
7 2
8 2
9
10
11
1259-0
13

59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: DePaul Hospital
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN: Hathaway Manor
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 2270 Ainsworth Dr.
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First MARY Middle LOUISE Last FRIEDA

4. DATE OF DEATH: Month March Day 25 Year 1963

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12/27/1897
9. AGE (Last birthday): 65
IF UNDER 1 YEAR Months / Days — IF UNDER 24 HR Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Naples Italy
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Michael Pisano
13b. MOTHER'S MAIDEN NAME: Catherine LaPorte
14. NAME OF HUSBAND OR WIFE: James Frieda (deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.
17. INFORMANT Address: Leo Frieda 2270 Ainsworth Dr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)

		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Infarction of Myocardium	1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Atherosclerotic Coronary Thrombosis	1 hour
DUE TO (c)	Atherosclerosis of Coronary Arteries	5 years +

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-14-57 to 3-25-63 and last saw her/him alive on 3-25-63
Death occurred at 1130 a.m. p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Sylvester A. Flotte M.D.
22b. ADDRESS: 302 Northland Med Bldg
22c. DATE SIGNED: 3/26/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3/28/63
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Mo.

24. FUNERAL DIRECTOR ADDRESS: JOHN STYGAR & SON — 5541 RIVERVIEW BLVD.
25. DATE RECD. BY LOCAL REG.: MAR 26 1963
26. REGISTRAR'S SIGNATURE: Boaz Smith, M.D.

Dr. Syl. Flotte

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ______________________________, Student Embalmer No.__________ working under my personal supervision.

Student______________________________
Signature of Student Embalmer

Signed D W Rister

Licensed Embalmer No. 3980

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.